

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

DEONTE JAMES, v. CUYAHOGA COUNTY, et al.	<i>Plaintiff,</i> <i>Defendants.</i>	Case No. 1:21-cv-1958 Judge J. Philip Calabrese Magistrate Judge Jonathan D. Greenberg
DECLARATION OF ASHLIE CASE SLETVOLD		

I, Ashlie Case Sletvold, declare as follows:

1. I am over the age of 18 and competent to testify to the facts below based on my personal knowledge.
2. I am an attorney licensed in the states of Ohio, Florida, and Colorado.
3. I am lead counsel for Plaintiff Deonte James in this matter.
4. On September 8, 2020, I sent a public-records request to the Cuyahoga County Sheriff's Office seeking all incident reports regarding Mr. James and all video footage of Mr. James on October 27, 2019.
5. I received responsive incident reports on September 30, 2020 and responsive videos on October 26, 2020.
6. **Exhibit A** to this affidavit is the incident report I received as a public record on September 30, 2020 regarding the October 27, 2019 incident that is among the subjects of this lawsuit. The only redactions to this document are to cover Mr. James's answers to questions about whether he had used certain drugs or whether he had certain medical conditions in the document titled "O.C. Administrative Warning."
7. **Exhibit B** to this affidavit is the incident report I received as a public record on September 30, 2020 regarding the October 18, 2019 incident that is among the subjects of this lawsuit. The only redactions to this document are to cover Mr. James's answers to questions about whether he had used certain drugs or whether he had certain medical conditions in the document titled "O.C. Administrative Warning."

I declare under penalty of perjury that the foregoing is true and correct.

Dated: November 22, 2022



Ashlie Case Sletvold



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

2A

13317

COMBINATION REPORT

FILE #

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: October 27, 2019 DAY: Sunday Page: 1 of 2 Pages

REPORTING OFFICER: Corporal Damein Bodeker

SIGNATURE: Corporal Damein Bodeker

NAME OF PERSONS INVOLVED: James, Deonte R. #0279537 20191018007 7F pod Cell #23
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: James, Deonte R. #0279537 20191018007 7F pod Cell #23
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 27, 2019

DAY OF INCIDENT: Sunday

TIME OF INCIDENT: 1952-1954 hours

LOCATION OF INCIDENT: Main Dispensary

10A #14

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On October 27 at 1952 hours I, Corporal Damein Bodeker, was present in the Main Dispensary dealing with an inmate enroute to lock-up. Inmate James, Deonte #0279537 was becoming irate in the dispensary after being treated by nursing staff. Per Nurse Abril, inmate James was cleared to leave the dispensary and be reclassified to lock-up. I ordered inmate James to stand up and place his hands behind his back to be secured in handcuffs. Inmate James aggressively pulled away from me stating, "Man don't touch me." I again ordered inmate James to place his hands behind his back and attempted to secure him in handcuffs. Inmate James again pulled away from me and attempted to turn towards me in an aggressive manor. At that time, I took hold of inmate James' torso with both hands and attempted to block his legs with my right leg in an attempt to secure him to the floor. A "10-25" was called out and inmate James was resisting being secured to the floor. Due to being unable to secure inmate James to the floor and the resistance that inmate James was offering (inmate is listed at 6 foot 9 inches and 300 pounds) I deployed O.C. to inmate James' facial area in an attempt to gain compliance. Once inmate James was secured to the floor, I secured him in handcuffs using both hands. Upon arrival of the Restraint Chair, I began securing inmate James' left leg into the restraint chair using the straps provided. While securing inmate James' leg, he spit in my direction which landed on the brim of my hat and the right side of my facial area. Inmate was decontaminated and transported to 7-South restraint room where his restraints were checked by Nurse Mackey. At the time of this report, inmate James remains in the restraint chair on observation.

EXHIBIT

2-A



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

Took hold of inmate's torso with both hands and attempted to block his legs with my right leg in an attempt to secure him to the ground. Deployed O.C. to inmate's facial area. Secured inmate in handcuffs with both hands. Using both hands secured inmate's left leg into restraint chair using the straps provided.

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: AREA 5 DOWNLOADER VIDEO REVIEWED - 

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: 2-4 2-19 3-3 _____

FLOOR / AREA SUPERVISOR'S REVIEW: See narrative. Inmate is A.D.P.I. X2 S-SEG as this is a second incident that happened with this inmate this evening.



REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO


 (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

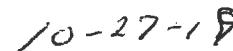
REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: A.D.P.I. X2 S SEG. APPROVED, REMOVED
FROM RESTRAINT & 2152 HOURS & SECURED IN 10A#14



2.


 10-27-18



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

COMBINATION REPORT

FILE # 13318

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: October 27, 2019 DAY: Sunday Page: 1 of 2 Pages

REPORTING OFFICER: Corporal Matthew Norman

SIGNATURE: *gt. Norman*

NAME OF PERSONS INVOLVED: James, Deonte, So#0279537, BK#20191018007, 7F pod Jail 1 Cell# 23-B
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED:

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 27, 2019

DAY OF INCIDENT:

Sunday

TIME OF INCIDENT: 1941 - 1954 hours

LOCATION OF INCIDENT:

7 North Hallway / Main Dispensary

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Sunday, October 27, 2019, at 1941 hours, I, Corporal Norman, responded to a 10-25 in the 7-North hallway in regards to an irate inmate. Upon my arrival, I observed Inmate Deonte James (SO#0279537) refusing to cooperate with Corporal Bodeker. Inmate James was behaving aggressively towards staff while being escorted to medical. While in medical inmate James was treated by Nurse Abril for and injury to his finger. Once cleared for lockup, Inmate James attempted to pull away from SRT Barthany and Corporal Bodeker while they were attempting to secure him in handcuffs. A 10-25 was called out in the main dispensary at 1952 hours. Inmate James was contaminated with O.C. foam and secured to the floor. Inmate James was placed into an emergency restraint chair (ERC). I used my left and right hands to secure inmate James' waist, right foot, and left arm into the ERC using the straps provided. While Corporal Bodeker was securing Inmate James' left foot into the ERC, inmate James proceeded to spit in Corporal Bodeker's direction hitting him on his hat and face. Inmate James was fully secured into the ERC at 1954 hours and was transported to 6 North for decontamination. Once decontaminated, Inmate James was transported to 7CD1 where Nurse Abril checked his vital signs and straps. Inmate James was then secured in 7CD1 for observation and O.C. decontamination procedure.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: I used my left and right hands to secure inmate James' waist, right foot, and left arm into the ERC using the straps provided.

RESPONSE TO RESISTANCE REVIEWED: AREA 8 DOWNLOAD VIDEO REVIEWS -

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

FLOOR / AREA SUPERVISOR'S REVIEW: See Narrative

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

G. Pinkney (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: REFER TO REPORT # 13317

SERGEANT'S SIGNATURE: G. Pinkney

DATE: 10-27-18



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

COMBINATION REPORT

FILE # 13319 INCIDENT RESPONSE TO INCIDENT DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10-27-2019DAY: SundayPage: 1 of 2 PagesREPORTING OFFICER: Cpl. Barry HickersonSIGNATURE: Cpl. B. H.NAME OF PERSONS INVOLVED: James, Deonte #279537 Bk#20191018007
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)NAME OF PERSON CHARGED: N/A

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10-27-2019

DAY OF INCIDENT:

SundayTIME OF INCIDENT: 1941-1954hrs.

LOCATION OF INCIDENT:

7 North Hall / Medical Dispensary**NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)**

On the above date and time, I Cpl. Hickerson responded to a PAT from 7 North Hallway. As I arrived inmate James, Deonte #279537 was being noncompliant with staff and was placed up against the wall. I Cpl. Hickerson spoke with inmate James and tried to get him to calm down. As we arrive to The Medical Dispensary he was still being verbally combative towards staff. I again managed to calm him down so the handcuffs can be removed so his hand can be evaluated by the Medical Staff. Upon completion of his evaluation, inmate James stood up and was asked by Cpl. Bodecker to place his hands behind his back. He refused and began to pull away from Cpl. Bodecker. He then went towards the table in The Dispensary and I called out a 10-25. He was then pepper foamed in his facial area by SRT Barthany. I used my hands and grabbed inmate James by the back of his shirt and secured him to the floor. I assisted Cpl. Bodecker with securing the inmate into handcuffs. My self along with SRT Barthany picked him up from the floor and secured him into The ERC. I Cpl. Hickerson secured the inmate's arm and shoulder into The ERC.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: I used my hands to secure the inmate's right arm and right shoulder into The ERC.

RESPONSE TO RESISTANCE REVIEWED:

Area of Downloaded Video Reviewed

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

FLOOR / AREA SUPERVISOR'S REVIEW: Use of force. See narrative.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Cal. B. Pinkney
 (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

Refer to Report #13317

SERGEANT'S SIGNATURE:

DATE: *10-27-18*



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

13320

COMBINATION REPORT

FILE #

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: October 27, 2019 DAY: Sunday Page: 1 of 2 Pages

REPORTING OFFICER: SRT Frederick Barthany

SIGNATURE:

NAME OF PERSONS INVOLVED: James, Deonte, SO#0279537, BK#20191018007, 7F pod Jail 1 Cell# 23
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED:

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 27, 2019

DAY OF INCIDENT: Sunday

TIME OF INCIDENT: 1952 - 1954 hours

LOCATION OF INCIDENT: Main Dispensary Jail 1

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Sunday, October 27, 2019, I, SRT Officer Barthany, deployed O.C. foam to Inmate Deonte James' facial area in response to him pulling away from Corporal Bodeker and resisting being secured in handcuffs while being assessed for lockup in the main dispensary.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: I deployed O.C. foam to Inmate James' facial area.

RESPONSE TO RESISTANCE REVIEWED: AREA F DOWNLOADS VIDEO REVIEWED 

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

--	--	--	--	--

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

--	--	--	--	--

FLOOR / AREA SUPERVISOR'S REVIEW: Response to Resistance

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO



(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

REFER TO REPORT # 13317

SERGEANT'S SIGNATURE:

DATE: 10-17-18



CUYAHOGA COUNTY SHERIFF'S OFFICE

COMBINATION REPORT

FILE # 13321

INCIDENT

RESPONSE TO INCIDENT

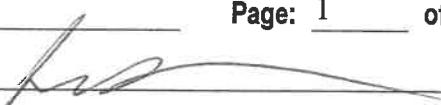
DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10/27/2019

DAY: Sunday

Page: 1 of 1 Pages

REPORTING OFFICER: Lamar Jones 

NAME OF PERSONS INVOLVED: James, Deonte 0279537 20191018007

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED:

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10/27/2019

DAY OF INCIDENT: Sunday

TIME OF INCIDENT: 1952-1954

LOCATION OF INCIDENT: medical

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On 10/27/2019, I officer Jones responded to a 10-25 in medical when I arrived inmate James, Deonte 0279537 was being places and emergency restraint chair. I officer Jones assisted by securing the left shoulder strap.



CUYAHOGA COUNTY SHERIFF'S OFFICE

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: Using left and Right hands
Secured left Shoulder Strap

RESPONSE TO RESISTANCE REVIEWED: AREA & Downloaded VIDEO Reviews - ST. MARYS

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

--	--	--	--	--	--

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

--	--	--	--	--	--

FLOOR / AREA SUPERVISOR'S REVIEW: Informational use of force. See narrative

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

John. D. Smith - Ball (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: REVIEW TO REPORT #

SERGEANT'S SIGNATURE: Sgt. Mays

DATE: 10-27-22

FILE NO.

13309

DATE

10/27/19

FROM Alisha H Luke RN
SUBJECT INMATE IN Nurse Office
COPIES TO

TO

PLEASE BE ADVISED that INMATE Deonta James
(80027A537)
stuck Hand in DOOR of Nurse office AFTER opening door

INMATE STATED, " That his Hand Finger was Bleeding and
HE needed a Bandage!! CO Phillips was Escorting group
From Rec and INSTRUCTED INMATE TO close door .

He, STATED, " INMATES aren't allowed in office and
moved. INMATE and The group down the HALL. Where
INMATE James Became more Aggressive verbally and
Physically.

Alisha H Luke RN

10/27/19

Supplemental report to
officer Phillip's initial report.

Cpl. ~~Damien~~ Bodeker
Cpl. Damien Bodeker

St. M. O.

O.C. Administrative Warning**To Be Given To Any Person Exposed To O.C.**

13322

Inmate's Name: Deonte James SO#: 0224537 Location: Jail:
 Date: 10/27/2019 Time: 1958 Interviewing Officer: Gt. M. Norman

1. You have been contaminated with Oleoresin Capsicum (O.C.), a natural product derived from the Cayenne Peppers. I am going to treat you to reduce the discomfort you are feeling, as long as you cooperate.
2. O.C. is non-toxic and the effects will dissipate in a short time. The effects of O.C. may however, mask or cover other medical conditions, including overdoses or toxic levels of drugs like Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol.
3. I am going to ask you (5) questions for your own safety. Not answering my questions, withholding information or giving false or misleading answers could delay medical treatment and may seriously jeopardize your health and safety.

DO YOU UNDERSTAND EVERYTHING I TOLD YOU?

Question 1. Are you currently under the influence Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol?

Which Drug(s) Used:	Date: <u>10/27/19</u>	Time: <u>1958</u>	Initials: <u>MN</u>	Refused to Answer: <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
---------------------	-----------------------	-------------------	---------------------	--

Question 2. Have you taken Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol in the last 8-hours?

Which Drug(s) Used:	Date: <u>10/27/19</u>	Time: <u>1958</u>	Initials: <u>MN</u>	Refused to Answer: <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
---------------------	-----------------------	-------------------	---------------------	--

Question 3. Do you normally take any illegal drugs or prescription drugs?

Which Drug(s) Used:	Date: <u>10/27/19</u>	Time: <u>1958</u>	Initials: <u>MN</u>	Refused to Answer: <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
---------------------	-----------------------	-------------------	---------------------	---

Question 4. Do you have Heart Problems, Lung Problems, Diabetes, High Blood Pressure or any other serious medical condition?

Which Medical Conditions:	Date: <u>10/27/19</u>	Time: <u>1958</u>	Initials: <u>MN</u>	Refused to Answer: <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
---------------------------	-----------------------	-------------------	---------------------	--

Question 5. Do you have Allergies?

Answer: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	Which Allergies: <u>Cayenne Pepper</u>	Date: <u>10/27/19</u>	Time: <u>1958</u>	Initials: <u>MN</u>	Refused to Answer: <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
---	--	-----------------------	-------------------	---------------------	--

I, the undersigned Officer, have completed the above interview with inmate at hrs on

Interviewing Officer:

(Signature of Interviewing officer)

Gt. M. Norman
 (Above name printed or typed)

(Signature of Witnessing officer)

CPL. B. H. Johnson
 (Above name printed or typed)



Use of Therapeutic Restraint Equipment & Security Monitoring

13323

Section 1

Inmate's Name:

Deonte James

SO#: 0279537

(Above Name Printed or Typed)

Location:

7F

Jail: 1 2

Date: 10/27/19

(Housing Location of Inmate)

Prior to the application of protective restraint equipment, acceptable intervention strategies were attempted without successful resolution of the presenting behavior(s).

Date: 10/27/19

Date: 10-27-19

Restraint Equipment Used:

Chair

Date of Application:

10/27/19

Time of Application:

1954

After an inmate is placed in Therapeutic and/or Security Restraint Equipment, the inmate's restraints will be checked by the Medical Staff immediately after placement and once every hour thereafter.

Medical Personnel:

(Signature of Medical Personnel)

Date: 10/27/19

(Above Name Printed or Typed)

Time of initial check:

1458 2000

Section 2

Security Checks Conducted: (Every Ten Minutes) (Time/Initials):

DS 2010	210 DS	/	/	/	/
DS 2020	2120 DS	/	/	/	/
DS 2030	2130 DS	/	/	/	/
DS 2040	/	/	/	/	/
DS 2050	/	/	/	/	/
DS 2100	/	/	/	/	/

(Officer's Name Typed or Printed Monitoring Inmate)

Section 3

Medical Restraint Checks Conducted: (Every Hour) (Time/Signature):

8450 Bremecy	/	/	902009 32-1008 M+T	/
/	/	/	9120 /	/

Inmate's Restraint Equipment Removed By:

(Signature of Supervisor)

Date: 10/27/19

(Supervisor's Name Typed or Printed)

Time Restraint(s) Removed:

2152

Reason: Inmate compliant



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

6

13308

FILE #

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10/27/2019

DAY: Sunday

Page: 1 of 1 Pages

REPORTING OFFICER: Jeremy Phillips SIGNATURE:

NAME OF PERSONS INVOLVED: James Deonte SO# 279537 BK 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: James Deonte SO# 279537 BK # 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10/27/2019

DAY OF INCIDENT: Sunday

TIME OF INCIDENT: 1941 hrs - 1941 hrs

LOCATION OF INCIDENT: 7 South hallway

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Sunday October 27 2019 at 1941 hrs I Officer Phillips was bringing 10 inmates from 7F pod back from Rec. After coming out of the Rec Area Deonte James came out of the rec room and tried to go into the nurses station. I held on to James by his left shirt sleeve and redirected him to the line, so he can go back to his housing unit. Deonte continued to try to go into the nurses station, so I stood in front of him and told him you can't go in there. Deonte then started making threat saying you better not put your hands on me or I will punch you in the face, so I called out a 10-25 and told James to get on the wall. My supervisors came and took over the situation.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: I held on to James Deonte by his left shirt sleeve and redirected him to the line so he can go back to his housing unit.

RESPONSE TO RESISTANCE REVIEWED: NO AREA VIDEO, DOWNLOADS VIDEO REVIEW ST

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

2-1 2-4 2-16 2-19

FLOOR / AREA SUPERVISOR'S REVIEW: Inmate continued to be irate and aggressive upon my arrival, redirected multiple times & given several orders to calm down. Escorted to dispensary for treatment by Nurse Atril. Involved in a secondary incident in dispensary. ADPE X2 5-Seg. See IMACS for location

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

J.W. St. John, Boddie
 (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: A.O.P. I. APPROVED.

SERGEANT'S SIGNATURE:

DATE: 10-27-18



Clifford Pinkney
Cuyahoga County Sheriff

Inmates Name: JAMES,DEONTE SO#: 0297537 Date: October 28, 2019

ADVISEMENT OF RIGHTS

- 1) You have the right to remain silent and refuse to answer questions.
- 2) Anything you say may be used against you in a court of law.
- 3) You have the right to consult an attorney and to have an attorney present during questioning.
- 4) If you want an attorney and cannot afford an attorney, one will be appointed for you before any questioning.
- 5) If you decide to answer questions now, without an attorney present, you still have the right to stop answering at any time.

WAIVERS

If you read these rights, as stated above, and are now willing to make a statement: Answer the following:

- 1) Do you understand each of these rights I have explained to you? Yes No
- 2) Having these rights in mind, do you wish to speak to us now and or make a voluntary statement? Yes No

I JAMES,DEONTE was informed of the Miranda Warning on: October 28, 2019
(Inmate's First & Last Name Typed) (Today's Date)

By Officer: T.LEWIS Of the Cuyahoga County Sheriff's Office.
(Serving Officer's Name Typed)

Inmates Signature: X Date: October 28, 2019

Witness: James Lewis Witness: _____
(Officers Signature) (Officers Signature)

T.LEWIS
(Officers Name Printed or Typed)
October 28, 2019
(Today's Date)

(Officers Name Printed or Typed)

(Today's Date)

If the inmate refuses to sign their "ADVISEMENT OF RIGHTS" Please Check the Box:



CUYAHOGA COUNTY SHERIFF'S OFFICE

G

COMBINATION REPORT

FILE # 12878

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10/18/2019

DAY: Friday

Page: 1 of 2 Pages

REPORTING OFFICER: Sgt. Broeckel, Adam B

NAME OF PERSONS INVOLVED: Inmate James, Deonte SO# 0279537 BK# 20191018007 7B pod, Jail I
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

#14

7B

NAME OF PERSON CHARGED: Inmate James, Deonte SO# 0279537 BK# 20191018007

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10/18/2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: 1212hrs.

LOCATION OF INCIDENT: Dispensary - 7B pod, Jail I

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On 18 Oct. 2019 at approx 1200hrs. I, Sgt. Broeckel, responded to the 6th floor dispensary for an inmate who was placed into the ERC after putting his head in the toilet. While in the dispensary Ofc. Jacobs asked if I could assist her in getting Inmate James, Deonte #0279537 out of the dispensary and up to 7th floor psych. The inmate was already seen by the medical staff, cleared and placed on Full Precautions (F/P). The inmate just needed to be escorted up to the 7th floor for placement. Inmate James was laying on a gurney, covered with a blanket and was not responding to my verbal cues. Once I removed the blanket from over the inmates head he screamed and wondered why I was bothering him. I explained to the inmate that he was cleared to leave medical and we needed to go to the 7th floor. The inmate stated he was not cleared and was refusing to get up. I then spoke with Nurse Mayo and received conformation that the inmate was cleared medically and was to be placed on F/P on psych. The inmate then stated he could not walk and was dizzy so I had a wheelchair brought over for him. Inmate James continued to resist until I called for the ERC to be brought over and at this time the inmate got up, called me a 'cracker', told me I was 'going to Hell', and sat in the wheelchair.

When we arrived on 7 south Inmate James was taken over to see N/P Saunders who attempted to speak to the inmate and find out what his issues were. The inmate became combative with N/P Saunders and also reiterated that he wanted to 'kill himself'. N/P Saunders told the inmate that he was going to be placed on F/P and he was taken into 7B pod. When we got to cell #11 the inmate was instructed to get out of the wheelchair and that we were going into cell #11. Inmate James got up and began to wobble. I took hold of the inmate and held him while the officer went to get his keys and opened the cell door. Inmate James was then taken into the cell and placed on the bunk. At this time the inmate was instructed to remove his clothing and pass them to me. Inmate James refused stating 'it is too cold'. I told the inmate that he had two suicide blankets and that while on F/P he was not allowed to keep his clothing. The inmate then stated he was kidding about wanting to hurt himself and I told him that it was too late, the doctor had already placed him precautions.



CUYAHOGA COUNTY SHERIFF'S OFFICE

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: The amount of response to resistance necessary to secure the inmate using OC pepperfoam and my right and left hand to secure the inmates waist and left arm

RESPONSE TO RESISTANCE REVIEWED: _____

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: 1-2-1 2-4 2-5 2-9

FLOOR / AREA SUPERVISOR'S REVIEW: _____

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: Adel A. Leckey

SERGEANT'S SIGNATURE: 3/3/19

DATE: 10/18/19



CUYAHOGA COUNTY SHERIFF'S OFFICE

At this time the inmate told me he was not going to give me his clothing and I advised the inmate that he was to give me his clothes or O.C. would be deployed. At this time the inmate just took his blanket and put it over his head. I removed the blanket and gave him a second warning. Again the inmate refused and O.C was deployed. I then secured the inmate in hand irons and called out a 10-25 to the pod. Inmate James was then placed into the restraint chair.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

COMBINATION REPORT

FILE # 12880 INCIDENT RESPONSE TO INCIDENT DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10/18/2019 DAY: Friday Page: 1 of 2 PagesREPORTING OFFICER: Cpl. James A. CraigSIGNATURE: James A. CraigNAME OF PERSONS INVOLVED: James, Deonte SO# 0279537 Booking# 20191018007 7B Pod Jail I Cell #11B
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10/10/2019DAY OF INCIDENT: FridayTIME OF INCIDENT: 1212Hrs-1215HrsLOCATION OF INCIDENT: 7B Pod Jail I Cell #11B

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Friday October 18, 2019 at approximately 1212Hrs I, Cpl. James A. Craig, was responding to a 10-25 to 7B Pod Jail I. Upon arrival inmate James, Deonte (SO# 0279537) was being combative with Sgt. Broeckel inside Cell #11B. Inmate James was ordered into the ERC by Sgt. Broeckel at this time using both of my hands and the straps provided I secured the waist, both legs, and right arm of inmate James. James was secured in the ERC at 1215Hrs and escorted to the Dispensary at which times his restraints were checked by Nurse Luke. Inmate James was escorted to Restraint Room 7C/D1 at which time he agreed to be cooperative. He was then escorted to 7B Pod Jail I Cell #14 and removed at approximately 1245Hrs.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

Using both of my hands and the straps provided I secured the waist, both legs, and right arm.

RESPONSE TO RESISTANCE REVIEWED: At incident

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

--	--	--	--	--

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

--	--	--	--	--

FLOOR / AREA SUPERVISOR'S REVIEW: See narrative.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO


(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

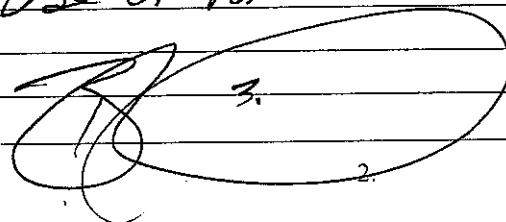
END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

Use of Force

SERGEANT'S SIGNATURE: 

DATE: 10/10/19



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12879

FILE # _____

COMBINATION REPORT

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10/18/19 DAY: Friday Page: 1 of: 1 Pages

REPORTING OFFICER: Phillip French SIGNATURE: PHF

NAME OF PERSONS INVOLVED: James Deonte R 0279537 20191018007 7B Jail one cell 11B
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10/18/19 DAY OF INCIDENT: Friday

TIME OF INCIDENT: 1212 LOCATION OF INCIDENT: 7B Jail one cell 11B

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On approximately Friday October 18, 2019 at 1212 I ofc. French was in 7B Jail one cell 11B when Sgt. Brocket gave James, Deonte ^{so#} 0279537 numerous commands to give up his cloths. with James refused to give up his cloths and Sgt. Brocket called out a 10-25 and cpl. crav arrived and placed James in the ERC. Sgt. Brocket cleared the 10-25 at 1215.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: _____

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: _____

FLOOR / AREA SUPERVISOR'S REVIEW: Upon arrival inmate James Deonte #279537 was being combative and was ordered into the ERC by Sgt. Blockel. He was secured at 1215 Hrs and taken to Medical for decontamination and restraint check by Nurse Luke. He was taken to restraint room 7C1A #2 but became cooperative. He was taken to 7B #14 and removed from ERC at approximately 1245 Hrs without incident.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

[Signature]
 (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

Reviewed, Info

SERGEANT'S SIGNATURE: *[Signature]*

3.

DATE: *10/19/19*

O.C. Administrative WarningTo Be Given To Any Person Exposed To O.C.

12881

Inmate's Name: James, Deonte SO#: 0279537 Location: 7B Jail: IDate: 10/18/19 Time: 1220 Hrs. Interviewing Officer: Cpl. J. Craig

1. You have been contaminated with Oleoresin Capsicum (O.C.), a natural product derived from the Cayenne Peppers. I am going to treat you to reduce the discomfort you are feeling, as long as you cooperate.
2. O.C. is non-toxic and the effects will dissipate in a short time. The effects of O.C. may however, mask or cover other medical conditions, including overdoses or toxic levels of drugs like Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol.
3. I am going to ask you (5) questions for your own safety. Not answering my questions, withholding information or giving false or misleading answers could delay medical treatment and may seriously jeopardize your health and safety.

DO YOU UNDERSTAND EVERYTHING I TOLD YOU?

Question 1. Are you currently under the influence Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol?

Which Drug(s) Used:	Date:	Time:	Initials:	Refused to Answer:
Yes <input type="checkbox"/> NO <input type="checkbox"/>				

Question 2. Have you taken Cocaine, Amphetamines, Barbiturates, PCP, Opiates, Heroin or Alcohol in the last 8-hours?

Which Drug(s) Used:	Date:	Time:	Initials:	Refused to Answer:
Yes <input type="checkbox"/> NO <input type="checkbox"/>				

Question 3. Do you normally take any illegal drugs or prescription drugs?

Which Drug(s) Used:	Date:	Time:	Initials:	Refused to Answer:
Yes <input type="checkbox"/> NO <input type="checkbox"/>				

Question 4. Do you have Heart Problems, Lung Problems, Diabetes, High Blood Pressure or any other serious medical condition?

Which Medical Conditions:	Date:	Time:	Initials:	Refused to Answer:
<u>10-18-19</u> <u>1220 Hrs.</u> <u>J C</u> Yes <input type="checkbox"/> NO <input type="checkbox"/>				

Question 5. Do you have Allergies?

Which Allergies:	Date:	Time:	Initials:	Refused to Answer:
<u>10-18-19</u> <u>1220 Hrs.</u> <u>J C</u> Yes <input type="checkbox"/> NO <input type="checkbox"/>				

I, Cpl. Craig the undersigned Officer, have completed the above interview with inmate James at 1220 hrs on 10-18-19.

Interviewing Officer:

Cpl. James A. Craig
(Signature of Interviewing officer)
(Above name printed or typed)

B. B.
(Signature of Witnessing officer)

ADAM BLOCHER
(Above name printed or typed)

CUYAHOGA COUNTY SHERIFF'S DEPARTMENT

File # 12882



Use of Therapeutic Restraint Equipment & Security Monitoring

Section 1

Inmate's Name: Deonte, James SO#: 0279537
 (Above Name Printed or Typed)

Location: TD Jail: 1 2 Date: 10/18/19
 (Housing Location of Inmate)

Prior to the application of protective restraint equipment, acceptable intervention strategies were attempted without successful resolution of the presenting behavior(s).

Karen G. Date: 10-18-19 J. B. M. Date: 10/18/19
 (Signature of Floor Supervisor) (Signature of Staff Sergeant)

Restraint Equipment Used: Four point Restraints
 Date of Application: 10/18/19 Time of Application: 1154 Hrs.

After an inmate is placed in Therapeutic and/or Security Restraint Equipment, the inmate's restraints will be checked by the Medical Staff immediately after placement and once every hour thereafter.

Medical Personnel: Anise M. Date: 10/18/19
 (Signature of Medical Personnel)
Anise M. Date: 10/18/19
 (Signature of Medical Personnel)
 (Above Name Printed or Typed) Time of initial check: 12:30pm

Section 2

Security Checks Conducted: (Every Ten Minutes) (Time/Initials):

Initials & Initial of Officer Monitoring Inmate) (Initial of Officer) (Officer's Name Typed or Printed Monitoring Inmate)

Section 3

Medical Restraint Checks Conducted: (Every Hour) (Time/Signature):

Inmate's Restraint Equipment Removed By:

Karen G. Date: 10-18-19
 (Signature of Supervisor)
Col. James A. Craig Time Restraint(s) Removed: 1245Hrs.
 (Supervisor's Name Typed or Printed)

Reason: Inmate James, Deonte #0279537 became cooperative.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12924

FILE #

COMBINATION REPORT

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: OCTOBER 18th 2019 DAY: FRIDAY Page: 1 of 1 Pages

REPORTING OFFICER: Cpl. SPEIGHT SIGNATURE: Cpl. Speight

NAME OF PERSONS INVOLVED: TR-14 James P. D. 279537
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

BK 2019 1018007

NAME OF PERSON CHARGED: RA -

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: OCTOBER 18th 2019 DAY OF INCIDENT: FRIDAY

TIME OF INCIDENT: 12:12pm 12:15pm LOCATION OF INCIDENT: TR C-H 14

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On FRIDAY OCTOBER 18th, 2019 @ Approx 12:12pm MASTER Control called out via 2-way radio 10-25 TR-JM-1. Upon arriving I observed INMATE TR-14 James, P. 279537 being secured into THE RESTRAINT CHAIR. I Corporal SPEIGHT ASSISTED IN SECURING INMATE JAMES, P. 279537 BY USING BOTH OF MY HANDS AND SECURING BOTH HIS LEFT & RIGHT SHOULDER INTO THE RESTRAINT CHAIR USING THE STRAPS PROVIDED.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: USING BOTH of my hands I secured BOTH shoulders into the RESTRAINT CHAIR using the STRAPS provided.

RESPONSE TO RESISTANCE REVIEWED: At incident

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

--	--	--	--

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

--	--	--	--	--

FLOOR / AREA SUPERVISOR'S REVIEW: Informational Report!

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

SERGEANT'S SIGNATURE:

DATE:

10/18/19



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12873

FILE # _____

COMBINATION REPORT

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE

DATE: October 18, 2019 DAY: Friday Page: 1 of 2 Pages

REPORTING OFFICER: Corporal Terry Robinson

SIGNATURE: tp

NAME OF PERSONS INVOLVED: James, Deonte, R, SO#0279537, BO#20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 18, 2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: Approx. 0519 hours

LOCATION OF INCIDENT: 6th Floor outside medical dispensary

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Friday, October 18, 2019 at approximately 0519 hours, inmate James, Deonte SO#0279537 was ordered into the restraint chair per Nurse Deener and Sergeant Keglovic for his disruptive behavior and to protect him from harming himself. He was refusing medical treatment and throwing himself on the floor. I secured his right ankle, right wrist, right shoulder and the waist into the restraint chair using the straps provided.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

11/22/22

WAS THERE A RESPONSE TO RESISTANCE? NO YES

Using the minimum amount of force necessary I secured inmate Jame's right ankle, right wrist, right shoulder and the waist into the restraint chair using the straps provided.

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: *[Signature]* *Reviewed by SGT K. Jane*

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: _____

FLOOR / AREA SUPERVISOR'S REVIEW:

Response to Incident

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

[Signature]
 (FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: *[Signature]*



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12874

COMBINATION REPORT

FILE # _____

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: October 18, 2019 DAY: Friday Page: 1 of: 2 Pages

REPORTING OFFICER: Corporal Damein Bodeker

SIGNATURE: [Signature]

NAME OF PERSONS INVOLVED: James, Deonte R. #0279537 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 18, 2019

DAY OF INCIDENT: Friday

Friday

TIME OF INCIDENT: 0519 hours

LOCATION OF INCIDENT: 6th floor service elevator

vestibule

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On October 18 at 0519 hours I, Corporal Damein Bodeker, was present on the 6th floor assisting with inmate James, Deonte #0279537. Inmate James was evaluated by medical staff and medically cleared to go back to the Sally port to complete the booking process. While attempting to place inmate James into a wheelchair to transport him back to the Sally port, he attempted to throw himself on the ground and would not stay in the wheelchair. At that time, inmate James was ordered to be placed into the restraint chair per Nurse Deener. Using both hands I secured inmate James' left shoulder, arm, and leg into the restraint chair using the straps provided. Inmate James was then transported to the 7-South restraint room for observation where his restraints were checked by Nurse Toney. Inmate remains in the 7-South restraint room for observation at the time of this report.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

Using both hands I secured inmate's left shoulder, arm, and leg into the restraint chair using the straps provided.

RESPONSE TO RESISTANCE REVIEWED:

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

FLOOR / AREA SUPERVISOR'S REVIEW: Informational use of force. See narrative.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW:

SERGEANT'S SIGNATURE:

DATE:



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12875

FILE #

COMBINATION REPORT

INCIDENT

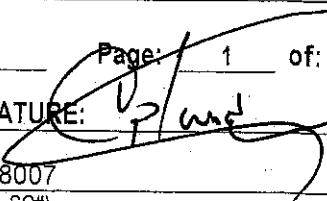
RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: 10-18-2019 DAY: Friday Page: 1 of 2 Pages

REPORTING OFFICER: CPL Christopher Wade

SIGNATURE: 

NAME OF PERSONS INVOLVED: James, Deonte so# 0279537 bk# 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED:

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: 10-18-2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: 0519hrs

LOCATION OF INCIDENT: Sally Port

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Friday 10-18-2019 at 0519hrs I CPL Wade was 10-19 to Sally Port when I arrived inmate James, Deonte so# 0279537 bk# 20191018007 was kicking on the cell door. When we removed inmate James from the cell he was complaining of chest pains. Inmate James set down in the chair and fell to the floor. At that time I CPL Wade called out a 10-25 medical emergency to Sally Port. Medical arrived inmate James was taken up to medical to be checked once in medical he was irate with medical staff refusing all direct orders. At that time inmate James was ordered into the restraint chair per medical for his safety and SGT Keglovic. Once secured into the restraint chair inmate James was taken to 7th south mental health unit restraints checked by nurse Tony he was placed in restraint room c/d 2 for observation. Once removed from the restraint chair he is to finish the booking process and be seen by mental health staff before he is reclassified.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: _____

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: _____

FLOOR / AREA SUPERVISOR'S REVIEW: SEE NARRATIVE

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Clifford Pinkney
(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: *(Initials)*

SERGEANT'S SIGNATURE: *[Signature]*

DATE:

10/18/19



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12899

FILE #

COMBINATION REPORT

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: Friday, Oct. 18, 2019 DAY: Friday Page: 1 of 1 Pages

REPORTING OFFICER: Shawn Fair's

SIGNATURE: Shawn Fair's

NAME OF PERSONS INVOLVED: James, Deonte SO# 279537 BK# 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: James, Deonte SO# 279537 BK# 20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: Friday, Oct. 18, 2019 DAY OF INCIDENT: Friday

TIME OF INCIDENT: 19:10 hrs LOCATION OF INCIDENT: 7B Jail I cell 14

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

Friday, Oct. 18, 2018 19:10 hrs 7B Pod Jail I. Inmate James, Deonte SO# 279537 BK# 20191018007 urinated under his cell door then covered his window with Pee and toilet paper. Officer Fair's notified CPI, Campbell about the inmate the inmate was put in the E.R.C Chair then taken to medical.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

PERIOD:

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: _____

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: _____

FLOOR / AREA SUPERVISOR'S REVIEW: *Informational Report*

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Cpl. Charles Campbell

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: *INFO. JAMES IS ALREADY ADPI, NO ADDITIONAL ADPI DUE TO HIS MENTAL HEALTH STATUS.*

SERGEANT'S SIGNATURE: *Sgt. [Signature]*

DATE: *10-10-19*



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

12900

FILE #

COMBINATION REPORT

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: October 18, 2019 DAY: Friday Page: 1 of 2 Pages

REPORTING OFFICER: Sgt. Leo Keglovic

SIGNATURE: Sgt. L. K.

NAME OF PERSONS INVOLVED: James, Deonte S.O.#0279537 BK.#20191018007 7B #14B Jail 1
 (INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 18, 2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: 19:10 hrs.-19:15 hrs.

LOCATION OF INCIDENT: 7B #14B Jail 1

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Friday October 18, 2019 at approximately 19:10 hrs., I Sgt. Keglovic responded to 7B pod jail 1 due to inmate James, Deonte S.O.#0279537 smearing feces on his cell window and walls (#14B). Upon our arrival to the area, I ordered inmate James to remove the blanket he had wrapped around him, and go to the rear of the cell, facing the wall with his hands on the window. Inmate James slowly began to comply, but kept turning around and appeared to have something in his right hand. I then ordered James to kneel down with his hands on the wall, and he complied and dropped whatever he had in his hand. At that time I breached the cell door and Cpl. Campbell entered securing James in handcuffs before escorting him out of the cell with Ofc. Phillips. While waiting on an emergency restraint chair (ERC) to arrive, James continued to act bizarre. Once the ERC arrived, I ordered James to be secured. Once James was secured at 19:15 hrs., he was escorted to the dispensary where RN Manos and RN Abril checked his restraints and vitals. Once cleared medically, James was housed in 7C/D1 for observation. At 00:00 hrs., inmate James was removed from the ERC and placed back in 7B #14B. No discipline requested due to James' mental health status.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

IF YES, NARRATIVE OF RESPONSE USED: _____

RESPONSE TO RESISTANCE REVIEWED: _____

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES: _____

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES: _____

FLOOR / AREA SUPERVISOR'S REVIEW: See narrative.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

A handwritten signature in black ink, appearing to read "Sgt J".

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: Informational. Body camera downloaded.

DATE: 10-18-19 TIMES: 19:11 - 19:19, LOCATION: 7B' VIEW: J1-07-B-01

SERGEANT'S SIGNATURE: A handwritten signature in black ink, appearing to read "Sgt J".

DATE: 10-18-19



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

COMBINATION REPORT

FILE # 12901

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: OCTOBER 18,2019 DAY: FRIDAY Page: 1 of 2 Pages

REPORTING OFFICER: CPL CHARLES CAMPBELL

SIGNATURE: cpl charles campbell

NAME OF PERSONS INVOLVED: JAMES DEONTE SO#279537 BK#20191018007 7B#14 JAIL I
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: N/A

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: OCTOBER 18,2019

DAY OF INCIDENT: FRIDAY

TIME OF INCIDENT: 1910 HRS

LOCATION OF INCIDENT: 7B POD JAIL I

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

AT APPROXIMATELY 1910HRS ON FRIDAY OCTOBER 18,2019 I CPL CHARLES CAMPBELL RESPONDED TO 7B POD JAIL I. AFTER RECEIVING A CALL FROM OFFICER FAILS THAT INMATE JAMES DEONTE SO#279537 HAD COVERED HIS CELL WINDOW WITH FECES. SGT KEGLOVIC ORDERED INMATE JAMES TO BE PLACED INTO THE RESTRAINT CHAIR. I ENTERED THE CELL AND HANDCUFFED INMATE JAMES ASSISTED HIM TO HIS FEET AND WALKED HIM TO THE RESTRAINT CHAIR WHERE I ASSISTED IN SECURING HIS RIGHT ARM AND RIGHT LEG INTO THE CORRESPONDING CHAIR RESTRAINT AT 1915HRS. INMATE JAMES WAS THEN ESCORTED TO THE MEDICAL DISPENSARY WHERE HE WAS SEEN AND HAD HIS RESTRAINTS CHECKED BY NURSE ABRIL. INMATE JAMES WAS THEN PLACED INTO THE 7TH FLOOR RESTRAINT ROOM FOR FURTHER OBSERVATION.



CUYAHOGA COUNTY SHERIFF'S OFFICE
Clifford Pinkney, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

I USED MY HANDS TO SECURE INMATE JAMES RIGHT ARM AND
RIGHT LEG INTO THE CORRESPONDING CHAIR RESTRAINTS. I ALSO
USED MY HANDS TO PLACE HANDCUFFS ON HIS WRIST AND HELD

IF YES, NARRATIVE OF RESPONSE USED: HIM AS HE STOOD UP FROM THE CELL FLOOR.

RESPONSE TO RESISTANCE REVIEWED: See /

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

--	--	--	--	--	--

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

--	--	--	--	--	--

FLOOR / AREA SUPERVISOR'S REVIEW: See narrative - Due to mental state of the individual no discipline requested at this time.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Cpl. Charles Small

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION
AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: INFO, USE OF FORCE



CUYAHOGA COUNTY SHERIFF'S OFFICE
CLIFFORD PINKNEY, Sheriff

COMBINATION REPORT

FILE # 12902

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: OCTOBER 18, 2019 DAY: FRIDAY Page: 1 of 2 Pages

REPORTING OFFICER: Ernest Phillips

NAME OF PERSONS INVOLVED: (J1) 7B#14B James, Deonte, R SO#0279537 BK#20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED:

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 18, 2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: 1910-1915 hours

LOCATION OF INCIDENT: 7B pod jail One

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

On Friday, October 18, 2019 at approximately 1910 hours I Ofc. Phillips responded to a 10-19 for an unruly inmate 14B James, Deonte #0279537 located in 7B pod jail one. Upon my arrival inmate James had feces smeared on his cell door window. Sgt Keglovic ordered inmate James to be placed into the ERC. I assisted by using my left and right hand to secure the inmates left shoulder, wrist and ankle using the straps provided. Inmate James was secured into the ERC at 1915 hours and was escorted to the 6th floor dispensary for medical evaluation.



CUYAHOGA COUNTY SHERIFF'S OFFICE
CLIFFORD PINKNEY, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

Using both my hands and restraint straps provided i secured the inmates left shoulder, wrist and ankle into the ERC

RESPONSE TO RESISTANCE REVIEWED: SGT

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

FLOOR / AREA SUPERVISOR'S REVIEW: use of force

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Cpl. Clark Cayoll

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: use of force

SERGEANT'S SIGNATURE: Sgt

DATE: 10-18-19



CUYAHOGA COUNTY SHERIFF'S OFFICE
CLIFFORD PINKNEY, Sheriff

COMBINATION REPORT

FILE # 12903

INCIDENT

RESPONSE TO INCIDENT

DISCIPLINARY

(PLEASE CHECK OFF THE APPROPRIATE BOX(ES) DESIGNATING THE REPORT TYPE)

DATE: OCTOBER 18, 2019 DAY: FRIDAY Page: 1 of 2 Pages

REPORTING OFFICER: WILLIAM WACASEY *William Wacasey*

NAME OF PERSONS INVOLVED: (J1) 7B#14B James, Deonte, R SO#0279537 BK#20191018007
(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO#)

NAME OF PERSON CHARGED: _____

(INCLUDE LAST NAME, FIRST NAME, MIDDLE INITIAL, SO# and BOOKING#)

DATE OF INCIDENT: October 18, 2019

DAY OF INCIDENT: Friday

TIME OF INCIDENT: 1910-1915 hours

LOCATION OF INCIDENT: 7B pod jail One

NARRATIVE: (WHO, WHAT, WHERE, WHEN, WHY, HOW & ACTION TAKEN)

ON FRIDAY OCTOBER 18, 2019 AT 1910 HOURS, I SRT WACASEY RESPONDED TO A 10-19 IN J1-07-B-14-B. I HELP PLACE INMATE JAMES SO#0279537 INTO THE EMERGENCY RESTRAINT CHAIR PER SGT. KEGLOVIC. USING BOTH HANDS I SECURED THE WAIST STRAP, AND RIGHT SHOULDER INTO THE EMERGENCY RESTRAINT CHAIR.

William Wacasey



CUYAHOGA COUNTY SHERIFF'S OFFICE
CLIFFORD PINKNEY, Sheriff

WAS THERE A RESPONSE TO RESISTANCE? NO YES

USING BOTH HANDS, I SECURED THE WAIST STRAP, AND RIGHT

IF YES, NARRATIVE OF RESPONSE USED: SHOULDER INTO THE ERC.

RESPONSE TO RESISTANCE REVIEWED: SGT L.

MINOR RULE(S) VIOLATION DISPOSITION REQUESTED (Not to exceed 120 hours)

CHARGES:

MAJOR / SERIOUS RULE(S) VIOLATION REQUESTED

CHARGES:

FLOOR / AREA SUPERVISOR'S REVIEW: USE OF FORCE.

REQUEST FOR DISCIPLINE, IF APPLICABLE, HAS BEEN REVIEWED & FORWARDED TO THE SGT FOR FURTHER ACTION?

YES NO

ALL SEGMENTS OF THIS REPORT ARE COMPLETE?

YES NO

Cpl Charles Campbell

(FLOOR / AREA SUPERVISOR'S SIGNATURE)

MINOR RULE VIOLATION DISPOSITION APPROVED: YES NO

DISCIPLINARY ISOLATION START: _____ @ _____ AM PM

END: _____ @ _____ AM PM

REQUEST FOR MAJOR / SERIOUS DISCIPLINE HAS BEEN REVIEWED & APPROVED FOR FURTHER INVESTIGATION
AND APPROPRIATE ADMINISTRATIVE ACTION? YES NO

REPORT REVIEWED AND APPROVED: YES NO

SERGEANT'S REVIEW: USE OF FORCE

SERGEANT'S SIGNATURE: SGT L.

DATE: 10-18-19

CUYAHOGA COUNTY SHERIFF'S DEPARTMENT

File #: 12904

Use of Therapeutic Restraint Equipment & Security Monitoring

Section 1Inmate's Name: JAMES, DEONTE
(Above Name Printed or Typed)SO#: 0279537Location: 7B Jail: Date: 10-18-19
(Housing Location of Inmate)

Prior to the application of protective restraint equipment, acceptable intervention strategies were attempted without successful resolution of the presenting behavior(s).

CAL CHANES Campell
(Signature of Floor Supervisor)Date: 10/18/19Sgt. J. C.
(Signature of Jail Sergeant)Date: 10-18-19Restraint Equipment Used: ERCDate of Application: 10-18-19Time of Application: 1915

After an inmate is placed in Therapeutic and/or Security Restraint Equipment, the inmate's restraints will be checked by the Medical Staff immediately after placement and once every hour thereafter.

Medical Personnel: Megan Abri
(Signature of Medical Personnel)Date: 10-18-19Megan Abri ENMT-P
(Above Name Printed or Typed)Time of initial check: 1920Section 2

Security Checks Conducted: (Every Ten Minutes) (Time/Initials):

<u>740/BC</u>	<u>2040/BC</u>	<u>2140/BC</u>	<u>2240/BC</u>	<u>2340/0.B</u>	
<u>750/BC</u>	<u>2050/BC</u>	<u>2150/BC</u>	<u>2250/BC</u>	<u>2350/0.B</u>	
<u>800/BC</u>	<u>2100/BC</u>	<u>2200/BC</u>	<u>2300/BC</u>		
<u>810/BC</u>	<u>2110/BC</u>	<u>2210/BC</u>	<u>2310/BC</u>		
<u>2020/BG</u>	<u>2120/BG</u>	<u>2220/BG</u>	<u>2320/BG</u>		
<u>2030/BG</u>	<u>2130/BG</u>	<u>2230/BG</u>	<u>2330/0.B</u>		

(Signature & Initial of Officer Monitoring Inmate)

(Initial of Officer)

(Officer's Name Typed or Printed Monitoring Inmate)

Section 3

Medical Restraint Checks Conducted: (Every Hour) (Time/Signature):

<u>1</u>	<u>1</u>	<u>1</u>	<u>9:30p</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>10:30p</u>

inmate refuse vitals geth J. Belson from Room 2

Inmate's Restraint Equipment Removed By:

CAL CHANES Campell
(Signature of Supervisor)Date: 10/19/19CAL CHANES Campell
(Supervisor's Name Typed or Printed)Time Restraint(s) Removed: 0000Son: CALM & COOPERATIVE

12931

CUYAHOGA COUNTY SHERIFF'S DEPARTMENT

File #: _____



Use of Therapeutic Restraint Equipment & Security Monitoring

Section 1

Inmate's Name: James, Scott SO#: 0279537
 (Above Name Printed or Typed)

Location: S/J/211 Jail: 1 2 Date: 10-18-19
 (Housing Location of Inmate)

Prior to the application of protective restraint equipment, acceptable intervention strategies were attempted without successful resolution of the presenting behavior(s).

Colvin
 (Signature of Floor Supervisor)

Date: 10-18-2019 JKB Date: 10-18-19
 (Signature of Jail Sergeant)

Restraint Equipment Used:

Date of Application: 10-18-2019 Time of Application: 519

After an inmate is placed in Therapeutic and/or Security Restraint Equipment, the inmate's restraints will be checked by the Medical Staff immediately after placement and once every hour thereafter.

Medical Personnel:

Colvin, MW Date: 10-18-19
 (Signature of Medical Personnel)

Tabuadas, Toney Time of Initial check: 520
 (Above Name Printed or Typed)

Section 2

Security Checks Conducted: (Every Ten Minutes) (Time/Initials):

SP/1520	JW 10620	JW 10720	JW 10820	JW 10910	1
SP/1530	JW 10630	JW 10730	JW 10830	JW 10920	1
SP/1546	JW 10640	JW 10740	JW 10840	1	1
SP/1550	JW 10650	JW 10750	JW 10850	1	1
SP/1600	JW 10700	JW 10800	JW 10900	1	1
JW 0610	JW 10710	JW 10810	JW 10910	1	1

Shawn Fairis
 (Name & Initial of Officer Monitoring Inmate) SF (Initial of Officer) Shawn Fairis
 (Officer's Name Typed or Printed Monitoring Inmate)

Section 3

Medical Restraint Checks Conducted: (Every Hour) (Time/Signature):
10-18-19 10-18-19 10-18-19
10-18-19 10-18-19 10-18-19
10-18-19 10-18-19 10-18-19

Inmate's Restraint Equipment Removed By:

Colvin, MW Date: 10-18-19
 (Signature of Supervisor) 10-18-19 Time Restraint(s) Removed: 5:39
 (Supervisor's Name Typed or Printed)

Reason: Inmate Compliant - Going Through Recess